

HERTFORD RFC MINI RUGBY

Please attach
photo here

**Season 2011/12
Age Group U**

**MEMBERSHIP: HRFC Club Membership (covers whole family) plus an annual fee for each player.
Please make cheques payable to HRFC Minis.**

**Season 2011/12
£50 + £50= £100**

Player's Surname		Age Group	
Player's First Name		Date of Birth	
Mailing Address inc. postcode		Male/Female	
		School	
		School Year (2011/12)	
		Any previous Club?	

If player has any brothers or sisters registered at any age group, including Youth, please indicate names and age groups here. If Main Club Membership paid via another age group please indicate which group here;

Father/Guardian's Name*		Mother/Guardian's Name	
Father/Guardian's Home Tel. No.		Mother/Guardian's Home Tel. No.	
Father/Guardian's Mobile Tel. No.		Mother/Guardian's Mobile Tel. No.	
Father/Guardian's Home E-mail address		Mother/Guardian's Home E-mail address	
Father/Guardian's Work E-mail address		Mother/Guardian's Work E-mail address	

*One Parent or Guardian must be registered as a member of the Main Club. The father will be registered unless you indicate otherwise here

Please indicate any medical conditions of which we should be aware (e.g. allergies, asthma etc.)

DATA PROTECTION: I acknowledge that I am aware of the purpose for which the data set out above is to be held, used and disclosed by HRFC and that I consent to the holding, use and disclosure of this data.

PHOTOS/VIDEO: I consent to the photographing/videoing and publication of images of the above named player under the RFU Child Protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent. I also confirm that the player named above is not under a Court Order.

GIFT AID: I hereby confirm that I am a UK taxpayer in the current tax year and expect to be in forthcoming tax years. I will notify the Club if this ceases to be the case. I wish the Club to treat my payment in respect of this registration as a Gift Aid payment. Please delete this section if not applicable.

SARACENS: hereby confirm that my child can be automatically registered at no cost as a member of the "Sarries Club" for juniors using my email and address details.

MEDICAL CONSENT: In the event of an accident or injury where the coach/administrator is unable to contact either of the contacts named above, then I give permission for the senior age group coach or administrator present to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders to offer first aid treatment if required.

LOCAL BUSINESS: Do you own a local business? If so, please detail below

SKILLS – Do you have any special skills you can offer the Club? If so, please detail below
NB: we are always looking for First Aid Skills

Parents remain responsible for the children at all times. If you plan to leave the ground then you must arrange for another adult to take responsibility and you must inform the coach or administrator. This is vital in the event of sickness or accident.

2011/12 Signed